PUBLIC HEALTH REPORTS

VOL. 41 JANUARY 8, 1926 No. 2

SMALLPOX VACCINATION AS CARRIED OUT AT LEHIGH UNIVERSITY

By STANLEY THOMAS, Associate Professor of Bacteriology, Lehigh University

Since the introduction of smallpox vaccination by Edward Jenner in 1796 the scientific world has universally recognized this procedure as a specific prophylactic measure. For many years the bad results connected with vaccination were a constant source of worry to sanitarians.

With advanced methods of preparation of the virus, and the rigid control which the Government through the Public Health Service maintains in its manufacture, these bad results have been largely eliminated. The realization on the part of the medical profession that vaccination is a surgical operation which needs aseptic control both during and after the inoculation has also been a factor in the elimination of postvaccination infections, or infections caused by the invasion of the wound by bacteria which were not contained in the virus itself.

That there are objections by the public to vaccination to-day may be attributed, to a large extent, to an apparently logical though selfish point of view. This may be summarized somewhat in the question, "Why should I undergo the inconvenience of vaccination when there is no smallpox around?"

The results of laxity in vaccination have been too apparent. For seven years Manila, with a population of a quarter of a million, had not one death from smallpox. During 1918, when preventative measures became somewhat lax, more than 700 deaths were caused by this disease. To the sanitarian who remembers cases like this, the objections lose much of their force.

The fact remains, however, that the average individual dreads vaccination, and, as he heretofore has not been entitled to a certificate unless he had a "take," similar to that following a first vaccination, he would not willingly undergo the operation.

If, therefore, we could take into account the reasons why a person did not react with a typical Jennerian vaccinia, and base our method of certification upon this knowledge, we would overcome to a large extent the last remaining objection to vaccination.

That a failure to produce typical vaccinia did not necessarily mean that the vaccine used was not of sufficient potency was recognized

by Jenner. The explanation for it, however, remained to Von Pirquet, who showed that an immediate local reaction following vaccination may indicate immunity on the part of the individual and a consequent resistance to the virus. In 1913 Force suggested the use of this immune reaction in reading the degree of immunity possessed by the individual vaccinated.

In the Public Health Reports of September 21, 1923, Dr. S. B. Grubbs, surgeon, United States Public Health Service, at the New York Quarantine Station, described a method of vaccination and certification which would "encourage vaccination, not only to produce immunity but also to measure it, if present, and then to give those who submit, certificates that mean something and that will insure the owners against delay from smallpox quarantine, regardless of exposure to disease."

The idea seemed so excellent to us that we thought of applying the method in vaccinating the student body at Lehigh this fall, with the idea of cooperating in making the procedure one of universal adoption.

The vaccinations were made under the authority of Dr. R. C. Bull, Director of the Lehigh University Student Health Service, and it was only through Doctor Bull's hearty cooperation that this systematic immunization was possible.

Exactly the same technique was followed in each case. The skin of the upper arm was cleansed by rubbing with a swab of cotton saturated with alcohol. This was allowed to dry. With his left hand the operator grasped, from below, the arm of the patient in the region of the insertion of the deltoid muscle. The skin was stretched and three short, parallel scratches were made about three-quarters of an inch apart. The scratches penetrated the epidermis but pains were taken not to draw blood. Care was taken not to include any scar tissue from previous vaccinations in the scratched area. The virus was expelled from the tube on the two outside scratches and rubbed in thoroughly. The middle scratch was not inoculated but served as a control. It received the same degree of trauma as the two inoculated scratches.

While each man was being vaccinated a card was made out giving the serial or case number, his name, class in the University, the date of last successful vaccination, the date of vaccination, operator, manufacturer, lot number, and expiration date of the vaccine used.

The man was then instructed to return for observation in 24 hours, in 48 hours, and each day thereafter until we were supplied with a definite record of what happened in each individual case.

Readings were made in each case as often as the men returned and the reactions noted on their cards.

These reactions fell in general into certain well-defined groups. Examples of these groups are given in Table No. 1. Where there is

nothing indicated on one day, it means that the man did not return for observation on that day.

TABLE No. 1.—*Examples of reactions*

	Case No.[1]	Reaction on days after vaccination[2]											
		1	2	3	4	5	6	7	8	9	10	11	12
1. Typical Jennerian vaccinia	346	0	0	----	--------	T	T	--------	T	T	----	----	T
2. Vaccinoids:													
(*a*) Early vesicular	410	0	V	V	V	--------	Sc	--------	----	----	----	----	----
(*b*) Late vesicular	2	S	++	----	--------	--------	------	V	----	Sc	----	0	----
(*c*) Early nonvesicular	286	++	++	----	++++	--------	+++	--------	+	----	0	----	----
(*d*) Late nonvesicular	74	0	S	----	--------	+	++	+++	----	----	0	----	----
3. Immune reactions:													
(*a*) Questionable	263	S	--------	S	--------	S	------	--------	----	----	0	----	----
(*b*) Very slight	201	0	+	----	--------	0	------	--------	----	----	----	----	----
(*c*) Slight	166	++	++	----	--------	--------	+	--------	----	----	----	0	----
(*d*) Moderate	187	++	+++	----	+++	--------	++	--------	+	----	----	----	----
(*e*) Marked	190	+	++++	----	--------	--------	++	--------	----	----	----	----	0
4. Irregular reactions[3]	1	S	S	----	--------	0	------	--------	----	----	V	----	----
	9	----	--------	S	--------	--------	------	--------	S	----	----	P	----
	169	0	--------	----	--------	--------	------	S	P	----	----	P	----
	351	0	0	----	--------	++	------	0	----	----	----	----	P
	445	+	--------	0	--------	P	------	P	----	----	----	----	----
	456	----	+	+	--------	0	------	++	----	----	0	----	----
	475	++	P	P	++++	++++	------	++++	++	----	----	----	----
	574	----	--------	----	--------	--------	------	++	----	P	----	P	----

[1] Case No. 1, vesicular tenth day, scab fifteenth day.
9, papule dried without vesiculation eighteenth day.
169, papule dried without vesiculation sixteenth day.
351, papule dried without vesiculation.
445, papule small but very distinct. Dried without vesiculation fifteenth day.
475, papulation large discreet; no vesiculation.

[2] First day, 24 hours; second day, 48 hours, etc., after vaccination.
0=no visible reaction.
Questionable S=slightly more swelling and redness in the vaccination scratch than in the control.
Very slight +=slight but definite reaction.
Slight ++=definite reaction 1 mm. greater than control.
Moderate +++=definite reaction, 2.5 mm. greater than control.
Marked ++++=well-marked reaction, 5 mm. greater than control.
P=papule but not vesicle.
V=Vesicle.
Sc=scab.
T=Typical Jennerian vaccinia.

[3] Dr. G. W. McCoy, director of the Hygienic Laboratory, U. S. Public Health Service, commented on these reactions as follows: "Of the irregular reactions, I should call No. 1 a weak, delayed vaccinia, and Nos. 9, 169, 351, 445, 475, and 574 weak reactions or failures, assignable to virus of insufficient potency."

As two lot numbers of vaccine were used, it was thought best in tabulating the results to indicate the relation of the reactions to each lot of vaccine. In Table No. 2 these results are summarized. This table, however, took into account all the men who reported for vaccination. Of these 619 men 2 had been vaccinated a day or two before coming to college; 75 others did not return for observation. Just what was the result in these 75 cases we can not say. It is thought best, therefore, to ignore these cases in calculating the percentage of results as shown in Table No. 3.

This procedure is open to criticism on the ground that it may raise the percentage of "takes," as it is likely that every man who

was successfully vaccinated would return to the dispensary for dressing, but, on the other hand, the retention of these cases would certainly give too low percentage for vaccinoids and immune reactions.

TABLE No. 2.—*Relation of reaction to virus used*

	Lot No. X	Lot No. Y	Total
1. Typical Jennerian vaccinia	37	18	55
2. Vaccinoids:			
(a) Early vesicular [1]	20	32	52
(b) Late vesicular [1]	14	8	22
(c) Early nonvesicular [1]	40	20	60
(d) Late nonvesicular [1]	10	11	21
	84	71	155
3. Immune reactions:			
(a) Questionable	21	7	28
(b) Very slight	51	10	61
(c) Slight	59	32	91
(d) Moderate	52	18	70
(e) Marked	21	19	40
	204	86	290
4. Irregular	4	4	8
5. No reaction	30	4	34
6. Did not return for observation	57	18	75
7. Vaccinated a few days previously and not vaccinated at this time	2		2
8. Total	418	201	619

[1] As a great many of these reactions reached their height on the fifth day after vaccination, it is difficult to distinguish accurately between "early vesicular" and "late vesicular," and between "early nonvesicular," and "late nonvesicular" reactions.

TABLE No. 3.—*Proportion of observed reactions with different viruses*

[Same as Table No. 2, with the elimination of those that did not return for observation (75) and those that were vaccinated just prior to arrival (2)]

	Lot No. X		Lot No. Y		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
1. Typical Jennerian vaccinia	37	10.30	18	9.84	55	10.15
2. Vaccinoids:						
(a) Early vesicular	20	5.57	32	17.43	52	9.60
(b) Late vesicular	14	3.91	8	4.45	22	4.05
(c) Early nonvesicular	40	11.14	20	10.95	60	11.07
(d) Late nonvesicular	10	2.78	11	6.00	21	3.88
	84	23.40	71	38.83	155	28.60
3. Immune reactions:						
(a) Questionable	21	5.85	7	3.83	28	5.16
(b) Very slight	51	14.20	10	5.46	61	11.25
(c) Slight	59	16.43	32	17.43	91	16.79
(d) Moderate	52	14.50	18	9.84	70	12.91
(e) Marked	21	5.85	19	10.39	40	7.38
	204	56.83	86	46.95	290	53.49
4. Irregular	4	1.12	4	2.19	8	1.48
5. No reaction	30	8.35	4	2.19	34	6.28
6 Total	359	100.00	183	100.00	542	100.00

This table brings out the fact that of the two lots of virus used, lot Y was of slightly higher potency. The percentage of "typical

vaccinias" was practically the same in both cases. However, lot X showed a lower percentage of vesicular vaccinoids than lot Y, with a similar percentage of nonvesicular vaccinoids. This lot also gave a greater proportion of the lesser degrees of immune reaction as compared with the marked immune reactions, and it also gave a higher percentage of cases where no reaction followed the vaccination. The expiration dates of both lots was about the same. Lot X had an expiration date seven weeks from the time of purchase and lot Y eight weeks.

Considering both lots of virus together, the following points should be noted: Only 10 per cent of all these vaccinations resulted in typical Jennerian vaccinias, with maximum diameter of areola between the eighth and the twelfth day. The nonvesicular vaccinoids were in about the same proportion as the vesicular vaccinoids. The vaccinias and vaccinoids together comprise less than 40 per cent of all the men vaccinated. The slight immune reactions greatly outnumbered the moderate and well-marked immune reactions. Over 1 per cent of the cases gave irregular reactions, and over 6 per cent showed no reaction. All of these facts would indicate a virus the potency of which was somewhat below that of the highest degree. On the other hand, 84 per cent of all those who had never before been successfully vaccinated "took," in spite of the fact that many of them had had "unsuccessful" vaccinations within recent years.

Table No. 4 is a summary of the relation of vaccination to the time elapsed since the last successful vaccination.

TABLE NO. 4.—*Relation of vaccination to time elapsed since last successful vaccination*

	Within 5 years, 1920-1924		5-10 years, 1915-1919		10-15 years, 1910-1914		15-20 years, 1905-1909	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
1. Typical Jennerian vaccinia	1	1.38	1	1.51	11	5.09	7	10.77
2. Vaccinoids:								
(a) Early vesicular	3	4.17	5	7.57	9	4.12	4	6.15
(b) Late vesicular	6	8.33	7	10.60	20	9.25	5	7.69
(c) Early nonvesicular	6	8.33	6	9.09	30	13.89	13	20.00
(d) Late nonvesicular	2	2.77	2	3.03	13	6.02	5	7.70
	17	23.60	20	30.29	72	33.28	27	41.54
3. Immune reactions:								
(a) Questionable	4	5.55	5	7.57	10	4.58	7	10.77
(b) Very slight	6	8.33	8	12.12	26	12.14	5	7.69
(c) Slight	12	16.67	14	21.25	51	23.61	4	6.15
(d) Moderate	15	20.85	7	10.60	21	9.72	9	13.85
(e) Marked	13	18.07	5	7.57	15	6.95	4	6.15
Total	50	69.47	39	59.11	123	57.00	29	44.61
4. Irregular	1	1.38	------	--------	3	1.39	------	--------
5. No reaction	3	4.17	6	9.09	7	3.24	2	3.08
6. Total	72	100.00	66	100.00	216	100.00	65	100.00

TABLE No. 4.—*Relation of vaccination to time elapsed since last successful vaccination*—Continued

	Over 20 years		Never		Total		Record incomplete
	Number	Per cent	Number	Per cent	Number	Per cent	
1. Typical Jennerian vaccinia	2	22.22	32	84.21	54	11.59	1
2. Vaccinoids:							
(a) Early vesicular	2	22.22	1	2.63	24	5.15	
(b) Late vesicular			1	2.63	39	8.37	11
(c) Early nonvesicular	3	33.34			58	12.45	1
(d) Late nonvesicular					22	4.72	
	5	55.56	2	5.26	143	30.69	
3. Immune reactions:							
(a) Questionable	1	11.11			27	5.79	1
(b) Very slight					45	9.66	16
(c) Slight			1	2.63	82	17.59	9
(d) Moderate	1	11.11	1	2.63	54	11.59	16
(e) Marked					37	7.94	3
Total	2	22.22	2	5.26	245	52.57	
4. Irregular					4	.86	4
5. No reaction			2	5.27	20	4.29	14
6. Total	9	100.00	38	100.00	466	100.00	76
					76		
					542		

It will be noted that there is a gradual increase in the proportion of vaccinias as the time elapsed since the last successful vaccination increases. In the same way there is an increase in the proportion of vaccinoids. There is a slight decrease in total immune reactions but a marked decrease in the moderate and well-marked immune reactions, with the increase of time elapsed since the last successful "take."

We spoke of taking a record of old vaccination scars. The results obtained in comparing reactions to scars of former "takes" is of little scientific importance but of some interest. One often hears of a "good" scar spoken of as a fair sign of immunity to smallpox. The character of an old vaccination scar is, of course, a matter of opinion on the part of the observer. In order that we would not be influenced by the knowledge of the age of the scar, the character or apparent degree of trauma was noted before the question of previous vaccination was asked. Table No. 5 shows just how valueless we found them as indicators.

TABLE No. 5.—*Relation of reaction to degree or character of scars observed of former vaccinations*

	Good scar		Fair scar	
	Number	Per cent	Number	Per cent
Vaccinias	7	3.58	6	3.11
Vaccinoids:				
(a) Early vesicular	25	12.80	21	10.83
(b) Late vesicular	9	4.59	6	3.11
(c) Early nonvesicular	21	10.70	18	9.33
(d) Late nonvesicular	10	5.10	10	5.17
Total	65	33.19	55	28.44
Immune reactions:				
(a) Questionable	9	4.59	10	5.17
(b) Very slight	21	10.70	28	14.51
(c) Slight	36	18.28	40	20.86
(d) Moderate	25	12.80	21	10.83
(e) Marked	21	10.70	15	7.76
	112	57.07	114	59.13
Irregular reactions	2	1.06	4	2.07
No reaction	10	5.10	14	7.25
Total	196	100.00	193	100.00

In publishing the results of our vaccinations at Lehigh, it is with the idea that the tables are far more important than our comments. We thoroughly believe that the education of the public in the desirability of vaccination is of greater value to the public health than law enactments. The method employed by the United States Public Health Service should be adopted universally, and with the adoption it is believed that this means of protection against smallpox will be welcomed rather than dreaded.

Under this plan practically everyone who is vaccinated is issued a certificate. This certificate will show when he was last vaccinated and the type of reaction, whether immune, vaccinoid, or vaccinia. Under ordinary circumstances that is sufficient. If an epidemic of smallpox should break out in a community, it would be the duty of the local health department to decide on its severity and whether or not any of these classes should be revaccinated.

This latter point can only be arrived at scientifically by the universal adoption of standard technique and certification and the compilation of sufficient data thus obtained.

CURRENT WORLD PREVALENCE OF DISEASE

REVIEW OF THE MONTHLY EPIDEMIOLOGICAL REPORT ISSUED NOVEMBER 15, 1925 BY THE HEALTH SECTION OF THE LEAGUE OF NATIONS' SECRETARIAT[1]

In the second half of October fewer cases of cholera were reported to the Singapore Bureau of the Health Section by ports in the Far East than for a number of weeks previous. At Manila the number of cases

[1] From the Statistical Office, United States Public Health Service.

declined rapidly after the sudden outbreak at the end of September with 73 cases in one week, and only 6 cases were reported in each of the last two weeks in October. At Shanghai only one case was reported in the last week of October, and during the three weeks preceding, no new cases had been reported. The extent of the outbreak in Shanghai, which began in August, is shown by the monthly report of Shanghai for August. This gives 39 cases among foreigners and 1,332 among the native population. The mortality among the cases admitted to the Municipal Isolation Hospital for Chinese was barely 15 per cent. Cholera is stated to have been present during August in Soochow, Wusieh, Nanking, and parts of Chekiang Province.

In Japan, according to the Epidemiological Report, the cholera infection spread to nine cities during September and October, but during the last week of October new cases were reported only in Kobe and Osaka.

The following table gives the number of cases of cholera reported by far eastern ports in recent weeks.

Cholera cases reported in the principal ports of the Far East

Port	Report for week ended—										
	August		September				October				
	22	29	5	12	19	26	3	10	17	24	31
Bombay [1]	0	0	0	0	0	0	0	0	0	------	0
Negapatam [1]	0	1	2	1	1	1	0	0	0	------	0
Madras [1]	3	0	2	0	2	1	0	0	0	0	0
Calcutta [1]	7	4	6	5	7	4	6	12	3	------	6
Rangoon [1]	1	0	0	0	0	1	0	1	0	0	0
Singapore	0	0	0	0	0	0	0	0	0	0	0
Bangkok	0	1	0	0	0	0	0	11	6	5	19
Saigon	0	0	0	0	0	0	0	0	1	0	0
Manila	0	0	2	0	5	73	64	27	16	6	6
Shanghai	42	30	21	12	16	6	3	0	0	0	1
Nagasaki	0	0	0	0	0	0	0	0	0	0	0
Yokohama	0	1	17	18	7	3	2	1	0	0	0
Kobe	0	0	0	6	2	0	4	1	1	1	3
Osaka	0	0	0	0	0	2	1	0	13	8	10
Colombo	0	0	0	0	0	0	0	2	0	0	0

[1] Deaths only.

The incidence of cholera in India continued to decline during August and the first half of September except in the Punjab and the United Provinces. In most of the Provinces of India the incidence of cholera was unusually low, and was markedly lower than at the corresponding season of 1924, as shown by the table below:

Deaths from cholera in the Provinces of India

Province	1925		1924	Province	1925		1924
	July 26–Aug. 22	Aug. 23–Sept. 19	Aug. 24–Sept. 20		July 26–Aug. 22	Aug. 23–Sept 19.	Aug. 24–Sept. 20
Northwest frontier Province	0	0	18	Assam	54	48	93
Kashmir	895	570	13	Central Provinces	1	4	3,454
Punjab	145	373	766	Madras Presidency	1,289	861	2,020
Delhi	11	3	5	Bombay Presidency	15	4	1,661
United Provinces	382	1,343	5,441	Burma	97	1	548
Bihar and Orissa	712	451	4,373	Other Indian States	35	23	1,063
Bengal Presidency	321	118	642	Total	3,957	3,799	20,097

Plague.—Fewer cases of plague were reported during September in Southeastern Russia than during August, except in the government of Stalingrad (Tsaritsyn) where 16 cases and 9 deaths were notified in the first four days of the month. Only two additional cases had been reported to September 28.

Sporadic cases of plague occurred in Egypt at the end of September and the beginning of October. One case of plague was reported in Algeria, one in Tunisia, and one in Syria during the first half of October. Egypt reported 3 cases of plague at Port Said in October, and 15 other cases, all but one in Beni-Suef, during the first three weeks of October.

Plague incidence in Madagascar reached a minimum of 23 cases in July and has gradually increased since that time; there were 54 cases reported in August, 72 in September, and 89 in the first half of October.

An outbreak of plague started in July in the Province of Ijebu-Ode in Nigeria, about 40 miles northeast of Lagos. To the middle of October, 407 cases and 301 deaths had been reported. No new case was reported at Lagos during the four weeks following September 12.

An increase in plague in southern India began during August and by the middle of September was especially marked in Bombay Presidency, the States of Mysore and Hyderabad, areas where the maximum incidence for the year occurs usually in October. In northern India the rise in incidence begins several months later.

Plague deaths reported in the Provinces of India

Province	1925		1924	Province	1925		1924
	July 19–Aug. 15	Aug. 23–Sept. 19	Aug. 24–Sept. 20		July 19–Aug. 15	Aug. 23–Sept. 19	Aug. 24–Sept. 20
Northwest frontier	0	0	17	Mysore	183	499	306
Punjab	48	159	10	Bombay Presidency	154	1,054	264
Delhi	0	0	0	Bengal Presidency	0	0	0
United Provinces	101	172	84	Assam	0	0	0
Bihar and Orissa	8	5	8	Burma	391	280	102
Central Provinces	33	407	388	Other Indian States	169	275	39
Madras Presidency	17	35	151				
Hyderabad State	30	657	684	Total	1,134	3,543	2,053

In Java the number of deaths from plague has been increasing since the middle of July, and has reached a level above that of the relatively high incidence reported in 1924. Deaths during the four weeks ending September 12 number 1,330, compared with 795 in the preceding four weeks and 860 in the corresponding period a year ago.

In Siam 41 cases of plague were reported in the four weeks ending September 5, compared with an average of 10 cases in the corresponding periods of the preceding three years.

Yellow fever.—More cases of yellow fever occurred on the West Coast of Africa in 1925 than in 1924. In southern Nigeria, 19 cases had been reported to date from 6 localities; in the Gold Coast 5 cases from 5 localities; in Liberia, 5 cases from a single locality; and in the Ivory Coast 1 case. During 1924, 8 cases were reported in the Gold Coast Colony, 9 in Dahomey, and 1 in Nigeria.

Typhus.—In the Union of South Africa the cases of typhus increased quite markedly during July and August, and in the latter month 242 cases were reported, more than twice the number notified during August, 1924.

No increase in typhus in the countries of Central and Eastern Europe was indicated in the reports available for September.

Smallpox.—Fatalities from smallpox apparently continue low in Europe, except in Spain. In the latter country 669 deaths from smallpox were reported in the first six months of the year. Elsewhere deaths from smallpox are rare, and only few or sporadic cases have been reported in recent months by most countries. The incidence of the disease in Russia is extremely low except in a few districts in the east.

In England and Wales there were 242 cases reported during the four weeks ended October 31, compared with 119 in the preceding four weeks. Cases are occurring at present mostly in northern England, particularly in Durham and Yorkshire. The reported case mortality of smallpox in England in 1925 has been 2 per 1,000.

In Mexico smallpox caused 3,572 deaths during the first eight months of 1925. In Jamaica to the end of August 1,368 cases of "alastrim" had been reported. Elsewhere in the West Indies smallpox has not been reported.

In India the incidence of smallpox has been declining markedly. The latest figures for the second week in September, the period of the usual seasonal minimum, are only slightly higher than at the corresponding season a year ago. With regard to the spring epidemic of smallpox in India, the report comments as follows:

> The smallpox epidemic which overran most of India during the first half of the year was one of those outbreaks which occur as a rule every fifth year. The various districts of India were affected almost simultaneously, the highest incidence being in the lower Ganges Valley. A previous epidemic had occurred in Bombay Presidency in 1924.

Dysentery.—"The incidence of dysentery decreased earlier in the autumn than usual throughout Europe," says the report. "The small outbreaks in Norway, Sweden, Finland, the Netherlands, and France had practically died out in September." The central and eastern European countries, notably Germany, Poland, Czechoslovakia, Hungary, and the Kingdom of the Serbs, Croats, and Slovenes have reported an incidence very much lower than for several years previous.

Enteric fever.—No marked epidemics of enteric fever, such as occurred last year in southeastern Europe, have been reported. In most European countries a decline in the incidence of the disease set in during September or earlier and the prevalence has been less than in 1924 in England and Wales, Denmark, Bulgaria, and in the Kingdom of the Serbs, Croats, and Slovenes. In Germany and Italy, however, the cases number about the same as last year.

Influenza.—"An increase in mild influenza occurred during the first half of October in England and Wales," states the report, "and there was a simultaneous increase in the number of pneumonia cases reported. The outbreak was chiefly confined to the midland and northern counties of England. One hundred ninety-six deaths from influenza occurred during the four weeks ending October 17, as against 60 during the preceding four weeks. The ages affected were, as usual, the older groups. No further increase was observed during the last two weeks of October. It may be added that, while a higher prevalence of influenza during October and November is of common occurrence in England, serious epidemics are seldom observed before December or January, the pandemic of 1918 presenting a rare exception to this rule. No other influenza outbreaks have been reported so far from any countries of the Northern Hemisphere."

Lethargic encephalitis.—A slight increase in the number of cases of lethargic encephalitis occurred in England and Wales in October and in Sweden in September. Otherwise no changes were noted in the prevalence of this disease. The incidence for the first nine months of 1925 in a number of countries is given in the following table:

Cases of lethargic encephalitis reported in various countries during the first nine months of 1925

Country	Cases	Annual rate per 100,000 population	Country	Cases	Annual rate per 100,000 population
England and Wales	2,169	7.5	Czechoslovakia	159	1.5
Scotland (cities)	173	9.6	Kingdom of the Serbs, Croats, and Slovenes	60	0.6
Norway (cities)	14	2.3	Switzerland	69	2.3
Sweden	147	3.2	Italy	472	1.6
Finland	26	1.0	Malta	25	15.2
Denmark	125	4.9	United States (27 States)	504	1.2
Netherlands	110	2.0	Australia	16	0.4
Belgium	51	0.9	New Zealand	17	1.6
Saar Territory	14	2.4			

Acute poliomyelitis.—In Sweden, where the incidence of poliomyelitis is the highest in Europe, 84 cases were reported in August, 138 in September, and 98 in October.

Only a few sporadic cases occurred during August and September in New Zealand, where one of the most severe poliomyelitis outbreaks ever recorded occurred during the first four months of the year.

Scarlet fever.—The seasonal rise of scarlet fever incidence in central Europe and in Great Britain has been greater than for the past two or three years at the corresponding season. Every few years the disease is more epidemic, and the last year of epidemic incidence in these countries was 1921. As October or November are, as a rule, the months of maximum incidence and the figures for September and October have remained lower thus far than during the autumn of 1921, it is regarded as very unlikely that the disease will continue to increase materially. The Scandinavian countries and those in southern Europe have not been affected by this periodic rise in incidence.

Diphtheria.—Only the usual seasonal increase in diphtheria is indicated in the reports of most European countries. In the United States the September incidence has been lower each year since 1921.

Trachoma.—Reports on the prevalence of trachoma in a number of countries have been summarized in the following table:

Cases of trachoma reported by various countries in 1924 and the first three quarters of 1925

Country	Total cases, 1924	1925		
		First quarter	Second quarter	Third quarter
Germany	1,784	487	757	619
Austria	424	175	255	[3] 86
Danzig	54	9	11	17
Esthonia	531	142	123	68
France	58	8	29	11
Poland	2,944	1,016	1,051	[3] 885
Russia	483,290	135,433	106,019	----------
European R. S. F. S. R.	349,230	98,522	72,979	----------
Ukraine	49,592	17,993	17,039	[3] 6,417
Transcaucasia	20,758	3,174	9,519	----------
Siberia	48,158	10,627	5,901	----------
Aut. Rep. of Kirghiz	12,045	3,033	----------	----------
Aut. Rep. of Turkestan	3,407	----------	----------	----------
Waterways, railways, prisons	----------	520	581	----------
Switzerland	13	2	12	1
Czechoslovakia	2,782	651	1,001	614
Saar Territory	3	1	0	0
Tunis	123	24	1	0
United States (24 States)	1,897	251	221	293
Panama Canal Zone	4	0	0	0
New Zealand	20	10	[4] 5	1
Turkey	----------	207	[3] 3	----------

[1] Last two weeks missing.
[2] Last week missing.
[3] For a month only.
[4] For 10 weeks only.
[5] June and July missing.

General mortality.—Of considerable interest is the table given below of mortality by quarters in many of the larger cities of the world. Although the rates have not been adjusted for age differences in the

various populations, and the rates are therefore not strictly comparable to the last figure, a general indication of the course of mortality in the past three years is given.

A very favorable mortality in 1925 is shown by most North American and European cities, with a particularly marked improvement over the previous two years in the German and other central European cities. "Mortality is highest during the first quarter of each calendar year in all countries of the Temperate Zone, and this is a most important factor in determining the extent of mortality during the year," comments the report. The winter excess mortality is caused largely by influenza and other respiratory diseases, which modern sanitation can control much less effectively than it does the summer diseases which formerly exacted a high mortality.

General quarterly mortality rates per 1,000 population in large cities, 1923–1925

City	1923				1924				1925		
	First quarter	Second quarter	Third quarter	Fourth quarter	First quarter	Second quarter	Third quarter	Fourth quarter	First quarter	Second quarter	Third quarter
105 English cities	13.1	11.9	9.4	11.8	16.9	11.8	9.1	11.3	14.6	11.4	9.6
London	12.5	10.8	9.4	12.1	17.8	10.7	8.6	10.9	14.1	10.1	9.1
Liverpool	15.2	14.1	11.0	13.7	16.8	13.2	10.3	12.9	16.9	13.1	10.4
Glasgow	15.2	14.8	11.8	15.4	22.6	15.4	11.5	14.4	15.7	13.6	11.7
Dublin	15.9	14.5	12.7	14.6	22.4	14.2	12.0	14.4	18.0	15.0	13.6
Oslo	13.0	12.0	9.2	10.7	11.8	11.8	9.0	10.0	12.0	10.4	9.0
Stockholm	11.8	11.4	10.0	10.4	12.4	11.5	9.8	10.2	11.8	12.3	9.7
Copenhagen	12.6	11.8	10.2	10.8	13.7	14.3	9.8	10.9	12.4	12.9	9.9
Amsterdam	10.4	9.4	8.7	8.9	10.7	8.3	7.5	8.3	10.0	8.8	7.9
Antwerp	12.0	10.5	8.4	9.3	14.4	10.0	7.7	8.3	11.4	11.0	-----
Paris	16.0	14.0	11.9	13.9	17.8	14.0	11.1	13.9	17.3	14.7	11.8
46 German cities	15.2	12.7	11.4	11.4	13.5	11.5	9.7	10.9	11.1	11.4	10.2
Berlin	15.0	12.5	10.7	11.7	14.4	11.6	9.7	11.1	12.0	11.3	10.0
Hamburg	13.9	13.3	11.1	11.4	12.8	11.7	9.4	10.7	11.7	11.5	10.2
Munich	15.2	14.3	12.1	11.8	13.8	13.1	10.8	12.1	14.4	13.1	11.5
26 Swiss cities	13.8	13.3	11.2	12.3	16.2	13.8	11.0	12.6	14.7	14.0	11.7
Milan	13.4	11.5	13.5	12.6	14.8	12.1	11.3	12.5	15.1	13.2	-----
Vienna	16.6	14.9	11.7	12.3	14.6	14.3	11.8	13.4	14.7	-----	-----
Prague	15.0	13.8	12.3	13.0	16.3	15.1	12.4	11.5	12.9	12.2	-----
Budapest	20.4	22.1	18.6	17.7	22.6	21.8	17.0	15.8	17.7	17.2	14.2
Warsaw	15.6	13.3	13.5	14.4	17.3	14.4	13.9	13.5	14.6	14.7	14.6
Leningrad	-----	-----	-----	-----	17.8	19.0	21.1	16.8	17.8	19.9	-----
Alexandria	25.9	38.3	32.6	25.3	26.9	28.8	35.9	25.2	26.6	28.0	-----
Cairo	28.2	52.4	37.8	25.1	32.4	38.4	38.8	26.2	31.3	43.0	-----
Johannesburg	11.7	11.4	11.7	14.1	10.3	10.0	13.5	11.3	9.4	10.6	-----
Calcutta	29.9	25.7	29.7	30.2	31.4	28.2	28.7	30.2	41.5	29.7	-----
Bombay	33.8	32.6	29.6	28.4	35.2	28.4	29.8	31.3	29.3	25.1	23.9
Madras	44.7	34.3	32.7	40.0	43.2	37.1	39.2	46.0	46.8	45.5	-----
60 cities of the United States of America	16.0	13.1	10.7	12.0	14.1	13.1	10.7	12.2	13.3	12.6	10.8
Boston	19.8	15.0	10.1	13.6	14.3	14.9	11.5	13.8	17.6	15.1	11.9
New York	15.3	12.0	9.3	10.6	13.4	12.5	9.6	11.5	13.5	12.9	9.5
Philadelphia	18.6	13.9	10.4	12.6	14.9	13.5	10.8	12.6	15.3	13.1	10.5
Chicago	14.6	12.3	9.4	10.6	12.7	11.8	9.4	10.9	13.3	11.7	9.8
New Orleans	20.3	16.2	15.8	17.9	21.5	18.1	16.5	17.3	21.4	19.0	18.5
San Francisco	14.3	12.9	12.1	13.9	15.0	13.1	12.3	13.4	14.2	13.6	11.6
Rio de Janeiro	19.3	18.1	16.8	17.6	16.5	15.8	16.2	15.7	17.7	17.8	-----
Sydney (with suburbs)	8.8	9.5	11.4	9.5	8.8	9.3	10.4	9.1	8.6	9.2	-----

Examination for Entrance Into the Regular Corps of the Public Health Service

Examinations of candidates for entrance into the regular corps of the United States Public Health Service will be held at the following-named places on the dates specified:

Washington, D. C., February 8, 1926.
Chicago, Ill., February 8, 1926.
New Orleans, La., February 8, 1926.
San Francisco, Calif., February 8, 1926.

Candidates must be not less than 23 nor more than 32 years of age, and they must have been graduated in medicine at some reputable medical college and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily oral, written, and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

DEATHS DURING WEEK ENDED DECEMBER 26, 1925

Summary of information received by telegraph from industrial insurance companies for week ended Dec. 26, 1925, and corresponding week of 1924. (From the Weekly Health Index, Dec. 29, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended Dec. 26, 1925	Corresponding week, 1924
Policies in force	62, 446, 446	57, 980, 043
Number of death claims	9, 652	8, 882
Death claims per 1,000 policies in force, annual rate	8. 1	8. 0

Deaths from all causes in certain large cities of the United States during the week ended December 26, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, December 29, 1925, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Dec. 26, 1925		Annual death rate per 1,000 corresponding week 1924	Deaths under 1 year		Infant mortality rate week ended Dec. 26, 1925 [2]
	Total deaths	Death rate [1]		Week ended Dec. 26, 1925	Corresponding week 1924	
Total (65 cities)	6,638	12.1	12.8	679	836	[3] 55
Akron	42			5	10	56
Albany [4]	21	9.1	17.2	1	2	22
Atlanta	59			12	13	
White	33			4		
Colored	26	[5]		8		
Baltimore [4]	204	13.4	13.6	22	27	66
White	151			16		59
Colored	53			6		96
Birmingham	50	12.7	13.0	6	6	
White	22			4		
Colored	28	[5]		2		
Boston	214	14.2	15.9	22	29	58
Bridgeport	41			3	4	48
Buffalo	119	11.2	14.1	16	19	65
Cambridge	28	13.0	9.8	0	2	0
Camden	37	15.0	9.9	8	3	127
Chicago [4]	590	10.3	11.1	55	79	49
Cincinnati	126	16.1	19.2	12	17	71
Cleveland	161	9.0	9.9	20	29	50
Columbus	78	14.5	15.4	8	13	73
Dallas	40	10.8	12.5	6	5	
White	31			4		
Colored	9	[5]		2		
Denver	62	11.5	18.5	8	7	
Des Moines	22	7.7	9.7	2	1	34
Detroit	259	10.8	10.2	47	48	81
Duluth	21	9.9	9.1	2	2	43
El Paso	37	18.4	22.8	7	6	
Erie	21			1	3	19
Fall River [4]	37	15.9	14.2	7	9	102
Flint	13	5.2	5.9	2	4	32
Fort Worth	39	13.3	11.3	5	4	
White	33			5		
Colored	6	[5]		0		
Grand Rapids	23	7.8	10.5	2	4	31
Houston	76	24.0	16.6	6	7	
White	55			5		
Colored	21	[5]		1		
Indianapolis	88	12.8	12.2	8	7	57
White	77			5		41
Colored	11	[5]		3		164
Jersey City	63	10.4	14.2	3	12	21
Kansas City, Kans	16	6.7	11.1	1	4	20
White	10			1		22
Colored	6	[5]		0		0
Kansas City, Mo	89	12.6	13.0	8	8	
Los Angeles	183			15	25	41
Louisville	96	19.3	9.3	8	6	67
White	67			4		38
Colored	29	[5]		4		273
Lowell	26	11.6	14.0	2	4	35
Lynn	23	11.5	16.6	5	4	126
Memphis	53	15.8	19.4	6	6	
White	28			3		
Colored	25	[5]		3		
Milwaukee	76	7.9	11.3	17	18	78
Minneapolis	79	9.7	12.1	12	8	64
Nashville [4]	30	11.5	13.1	3	3	
White	16			2		
Colored	14	[5]		1		

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.
[3] Data for 59 cities.
[4] Deaths for week ended Friday, Dec. 26, 1925.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentage of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Kansas City, Kans., 14; Louisville, 17; Memphis, 38; Nashville, 30; New Orleans, 26; Norfolk, 38; Richmond, 32; and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended December 26, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, December 29, 1925, issued by the Bureau of the Census, Department of Commerce)—Contd.

City	Week ended Dec. 26, 1925		Annual death rate per 1,000 corresponding week 1924	Deaths under 1 year		Infant mortality rate week ended Dec. 26, 1925
	Total deaths	Death rate		Week ended Dec. 26, 1925	Corresponding week 1924	
New Bedford	34	13.1	10.6	2	4	33
New Haven	43	12.5	11.0	4	7	52
New Orleans	152	19.1	22.7	13	20	
White	92			8		
Colored	60	(1)		5		
New York	1,281	10.9	12.3	123	158	49
Bronx Borough	144	8.3	9.8	6	14	21
Brooklyn Borough	446	10.4	11.1	59	55	61
Manhattan Borough	545	12.6	15.0	51	76	53
Queens Borough	106	9.6	10.6	7	13	32
Richmond Borough	40	15.6	11.6	0	0	0
Newark, N. J	82	9.4	10.5	13	9	59
Norfolk	25			4	2	74
White	16			3		88
Colored	9	(1)		1		40
Oklahoma City	19			0	2	
Omaha	51	12.6	12.0	3	5	31
Paterson	33	12.1	13.7	0	8	0
Philadelphia	521	13.7	13.1	47	61	59
Pittsburgh	160	13.2	13.8	21	23	70
Portland, Oreg	65	12.0	13.9	8	11	80
Providence	64	13.6	12.8	10	7	79
Richmond	60	16.8	15.6	4	4	48
White	37			4		72
Colored	23	(1)		0		0
Rochester	80	12.6	10.1	5	6	40
St. Louis	227	14.4	13.5	15	17	
St. Paul	63	13.4	12.6	4	0	34
Salt Lake City [1]	31	12.3	8.5	0	1	0
San Antonio	47	12.4	19.9	9	11	
San Diego	22	10.8	22.2	1	1	23
San Francisco	144	13.5	15.7	11	9	63
Schenectady	22	11.2	8.8	2	2	56
Seattle	62			3	3	29
Somerville	22	11.2	10.9	3	1	79
Spokane	27	12.9	12.5	1	3	22
Springfield, Mass	39	13.3	9.5	6	4	89
Syracuse	50	13.6	10.3	3	6	38
Tacoma	23	11.5	10.6	2	2	47
Toledo	57	10.3	11.3	7	6	63
Trenton	31	12.2	13.7	4	5	66
Washington, D. C	164	17.2	15.8	6	25	34
White	98			5		41
Colored	66	(1)		1		18
Waterbury	21			4	3	86
Wilmington, Del	23	9.8	13.0	0	5	0
Worcester	66	17.3	12.3	6	5	69
Yonkers	28	13.1	9.0	5	2	109
Youngstown	30	9.8	7.4	4	5	49

[1] Deaths for week ended Friday, Dec. 26, 1925.

[1] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentage of the total population: Atlanta, 32; Baltimore, 15; Birmingham, 38; Dallas, 15; Fort Worth, 14; Houston, 25; Kansas City, Kans., 14; Louisville, 17; Memphis, 38; Nashville, 30; New Orleans, 26; Norfolk, 38; Richmond, 32; and Washington, D. C., 25.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended January 2, 1926

ALABAMA

	Cases
Cerebrospinal meningitis	1
Chicken pox	42
Dengue	1
Diphtheria	26
Influenza	77
Malaria	11
Measles	17
Mumps	17
Pellagra	7
Pneumonia	174
Scarlet fever	11
Smallpox	20
Tetanus	4
Trachoma	3
Tuberculosis	21
Typhoid fever	15
Whooping cough	22

ARIZONA

Diphtheria	3
Mumps	1
Scarlet fever	4
Tuberculosis	18
Typhoid fever	1

ARKANSAS

Chicken pox	5
Diphtheria	10
Hookworm disease	2
Influenza	102
Malaria	23
Measles	2
Mumps	3
Paratyphoid fever	2
Pellagra	5
Scarlet fever	14
Smallpox	4
Trachoma	1
Tuberculosis	8
Typhoid fever	13
Whooping cough	3

CALIFORNIA

	Cases
Cerebrospinal meningitis:	
Los Angeles	1
Oakland	1
Chicken pox	206
Diphtheria	76
Influenza	120
Lethargic encephalitis	3
Measles	28
Mumps	139
Poliomyelitis:	
Redlands	1
Roseville	1
Scarlet fever	126
Smallpox:	
Los Angeles	27
Oakland	9
Scattering	12
Typhoid fever	8
Whooping cough	64

COLORADO

Chicken pox	29
Diphtheria	38
Impetigo contagiosa	1
Mumps	6
Pneumonia	8
Poliomyelitis	1
Scarlet fever	20
Tuberculosis	61
Typhoid fever	5
Whooping cough	45

CONNECTICUT

Cerebrospinal meningitis	2
Chicken pox	94
Diphtheria	40
German measles	5
Influenza	10
Lethargic encephalitis	1
Measles	283

CONNECTICUT—continued	Cases
Mumps	6
Paratyphoid fever	1
Pneumonia (broncho)	36
Pneumonia (lobar)	45
Scarlet fever	68
Septic sore throat	2
Trachoma	1
Tuberculosis (all forms)	20
Whooping cough	58
FLORIDA	
Cerebrospinal meningitis	2
Chicken pox	30
Diphtheria	17
Influenza	12
Malaria	2
Measles	6
Mumps	12
Pneumonia	13
Scarlet fever	7
Smallpox	30
Tetanus	1
Tuberculosis	5
Typhoid fever	8
GEORGIA	
Chicken pox	18
Conjunctivitis (acute)	1
Dengue	1
Diphtheria	12
Dysentery	2
Hookworm disease	1
Influenza	174
Malaria	9
Measles	10
Mumps	8
Pellagra	3
Pneumonia	102
Scarlet fever	16
Septic sore throat	5
Smallpox	9
Tuberculosis	10
Typhoid fever	10
Whooping cough	11
ILLINOIS	
Cerebrospinal meningitis:	
Cook County	2
De Kalb County	1
White County	1
Diphtheria:	
Cook County	68
Rock Island County	6
Tazewell County	5
Scattering	31
Influenza	15
Lethargic encephalitis	14
Measles	202
Pneumonia	325
Poliomyelitis:	
Cook County	1
Schuyler County	1
Scarlet fever	320
Smallpox:	
Effingham County	5
Logan County	12

ILLINOIS—continued	Cases
Smallpox—Continued	
Peoria County	4
St. Clair County	17
Scattering	7
Tuberculosis	150
Typhoid fever:	
Cook County	5
Franklin County	5
Scattering	14
Whooping cough	84
INDIANA	
Chicken pox	40
Diphtheria	35
Influenza	64
Measles	194
Mumps	5
Pneumonia	31
Poliomyelitis	1
Scarlet fever	189
Smallpox	61
Tuberculosis	21
Typhoid fever	7
Whooping cough	13
IOWA	
Chicken pox	51
Diphtheria	30
Measles	105
Mumps	36
Pneumonia	5
Scarlet fever	94
Smallpox	33
Typhoid fever	2
Whooping cough	23
KANSAS	
Diphtheria	20
Dysentery	1
Influenza	16
Measles	34
Pellagra	1
Poliomyelitis—Eureka	1
Scarlet fever	64
Smallpox	1
Tuberculosis	23
Typhoid fever	14
Whooping cough	51
LOUISIANA	
Diphtheria	33
Influenza	35
Malaria	2
Pneumonia	34
Scarlet fever	14
Smallpox	13
Tuberculosis	15
Typhoid fever	11
Whooping cough	3
MAINE	
Chicken pox	21
Diphtheria	2
German measles	2
Measles	2
Mumps	10
Paratyphoid fever	1
Pneumonia	15
Poliomyelitis	1
Scarlet fever	34

MAINE—continued

	Cases
Septic sore throat	1
Tuberculosis	6
Typhoid fever	4
Vincent's angina	1
Whooping cough	19

MARYLAND [1]

	Cases
Chicken pox	105
Diphtheria	27
Dysentery	1
German measles	2
Influenza	32
Lethargic encephalitis	1
Measles	238
Mumps	66
Ophthalmia neonatorum	1
Paratyphoid fever	1
Pneumonia (broncho)	47
Pneumonia (lobar)	54
Scarlet fever	50
Septic sore throat	4
Tuberculosis	42
Typhoid fever	10
Whooping cough	32

MASSACHUSETTS

	Cases
Cerebrospinal meningitis	3
Chicken pox	224
Conjunctivitis (suppurative)	13
Diphtheria	115
German measles	39
Influenza	7
Lethargic encephalitis	2
Measles	1,408
Mumps	57
Ophthalmia neonatorum	20
Pneumonia (lobar)	218
Poliomyelitis	4
Scarlet fever	314
Septic sore throat	2
Trachoma	2
Tuberculosis (pulmonary)	99
Tuberculosis (other forms)	36
Typhoid fever	10
Whooping cough	292

MICHIGAN

	Cases
Diphtheria	98
Measles	456
Pneumonia	181
Scarlet fever	296
Smallpox	41
Tuberculosis	278
Typhoid fever	12
Whooping cough	137

MINNESOTA

	Cases
Chicken pox	77
Diphtheria	56
Measles	12
Pneumonia	3
Poliomyelitis	1
Scarlet fever	231
Smallpox	1
Tuberculosis	66
Typhoid fever	3
Whooping cough	7

[1] Week ended Friday.

MISSISSIPPI

	Cases
Diphtheria	16
Scarlet fever	22
Smallpox	12
Typhoid fever	18

MISSOURI

	Cases
Chicken pox	43
Diphtheria	51
Influenza	8
Measles	10
Mumps	25
Ophthalmia neonatorum	1
Scarlet fever	183
Septic sore throat	2
Smallpox	2
Tuberculosis	4
Typhoid fever	3
Whooping cough	6

MONTANA

	Cases
Chicken pox	40
Diphtheria	9
Measles	3
Mumps	45
Scarlet fever	59
Smallpox	3
Trachoma	1
Tuberculosis	4
Typhoid fever	3
Whooping cough	14

NEBRASKA

	Cases
Chicken pox	14
Diphtheria	4
Measles	2
Mumps	75
Pneumonia	4
Scarlet fever	43
Smallpox	15
Tuberculosis	9
Typhoid fever	2
Whooping cough	10

NEW JERSEY

	Cases
Cerebrospinal meningitis	1
Chicken pox	261
Diphtheria	86
Dysentery	1
Influenza	9
Measles	580
Pneumonia	186
Scarlet fever	168
Typhoid fever	13
Whooping cough	51

NEW MEXICO

	Cases
Chicken pox	7
Diphtheria	1
German measles	1
Influenza	3
Mumps	6
Pneumonia	11
Poliomyelitis	1
Rabies (in animals)	1
Scarlet fever	10
Tuberculosis	16
Typhoid fever	3
Whooping cough	18

NEW YORK (Exclusive of New York City)	Cases
Cerebrospinal meningitis	2
Diphtheria	93
Influenza	33
Lethargic encephalitis	1
Measles	1,013
Pneumonia	387
Poliomyelitis	8
Scarlet fever	215
Smallpox	2
Typhoid fever	24
Whooping cough	226

NORTH CAROLINA	
Chicken pox	97
Diphtheria	46
German measles	1
Measles	15
Poliomyelitis	1
Scarlet fever	66
Septic sore throat	2
Smallpox	10
Typhoid fever	7
Whooping cough	41

OKLAHOMA (Exclusive of Oklahoma City and Tulsa)	
Cerebrospinal meningitis:	
Pawnee County	1
Stephens County	1
Chicken pox	36
Diphtheria	39
Influenza	175
Malaria	5
Measles	8
Mumps	3
Pellagra	2
Pneumonia	90
Scarlet fever	38
Smallpox:	
Caddo County	1
Kingfisher County	2
Typhoid fever	19
Whooping cough	14

OREGON	
Cerebrospinal meningitis	3
Chicken pox	14
Diphtheria	37
Influenza	5
Measles	7
Mumps	24
Pneumonia	[1]16
Scarlet fever	22
Smallpox	19
Tuberculosis	6
Typhoid fever	3
Whooping cough	26

PENNSYLVANIA	
Cerebrospinal meningitis	3
Chicken pox	449
Diphtheria	128
German measles	8
Impetigo contagiosa	6
Measles	1,363
Mumps	79

[1] Deaths.

PENNSYLVANIA—continued	Cases
Pneumonia	28
Poliomyelitis	1
Rabies	1
Scabies	1
Scarlet fever	290
Trachoma	1
Tuberculosis	52
Typhoid fever	20
Whooping cough	210

RHODE ISLAND	
Cerebrospinal meningitis—Providence	1
Chicken pox	5
Diphtheria	5
Influenza	14
Measles	378
Mumps	1
Pneumonia	7
Scarlet fever	5
Typhoid fever—Providence	1
Whooping cough	4

SOUTH DAKOTA	
Chicken pox	10
Diphtheria	8
Mumps	14
Pneumonia	8
Poliomyelitis	1
Scarlet fever	79
Septic sore throat	2
Whooping cough	1

TENNESSEE	
Chicken pox	31
Diphtheria	11
Influenza	49
Malaria	2
Measles (incomplete reports)	43
Pellagra	2
Pneumonia	78
Scarlet fever	27
Smallpox	9
Tuberculosis	31
Typhoid fever	13
Whooping cough	1

TEXAS	
Chicken pox	23
Dengue	2
Diphtheria	55
Influenza	28
Measles	2
Paratyphoid fever	1
Pneumonia	3
Scarlet fever	35
Smallpox	7
Trachoma	3
Tuberculosis	14
Typhoid fever	3
Whooping cough	45

UTAH	
Cerebrospinal meningitis—American Fork	1
Chicken pox	68
Diphtheria	20
Measles	2
Mumps	18
Pneumonia	5
Scarlet fever	8
Smallpox	11

UTAH—continued

	Cases
Tuberculosis	2
Typhoid fever	2
Whooping cough	30

VERMONT

Chicken pox	60
Diphtheria	1
Measles	33
Mumps	2
Pneumonia	8
Scarlet fever	5
Whooping cough	30

WASHINGTON

Cerebrospinal meningitis:	
Seattle	1
Spokane	2
Tacoma	1
Chicken pox	76
Diphtheria	12
German measles	8
Measles	17
Mumps	26
Scarlet fever	56
Smallpox:	
Tacoma	14
Scattering	27
Trachoma	1
Tuberculosis	21
Typhoid fever	2
Whooping cough	19

WEST VIRGINIA

Diphtheria	6
Scarlet fever	13
Typhoid fever—Hinton	1

WISCONSIN

Milwaukee:	Cases
Chicken pox	66
Diphtheria	13
German measles	1
Influenza	5
Measles	2
Mumps	4
Pneumonia	15
Scarlet fever	20
Whooping cough	29
Scattering:	
Cerebrospinal meningitis	1
Chicken pox	169
Diphtheria	41
German measles	8
Influenza	8
Measles	115
Mumps	113
Pneumonia	11
Poliomyelitis	1
Scarlet fever	137
Smallpox	6
Tuberculosis	6
Typhoid fever	1
Whooping cough	74

WYOMING

Chicken pox	7
Diphtheria	3
German measles	1
Influenza	1
Mumps	2
Pneumonia	1
Scarlet fever	9
Smallpox	1
Whooping cough	4

Reports for Week Ended December 26, 1925

DISTRICT OF COLUMBIA

	Cases
Chicken pox	18
Diphtheria	8
Measles	7
Pellagra	1
Pneumonia	37
Scarlet fever	18
Tuberculosis	17
Typhoid fever	1
Whooping cough	10

NORTH DAKOTA

Chicken pox	9
Diphtheria	6
German measles	1
Measles	3
Mumps	5
Scarlet fever	60

NORTH DAKOTA—continued

	Cases
Smallpox	1
Tuberculosis	1
Typhoid fever	1
Whooping cough	19

SOUTH CAROLINA

Dengue	3
Diphtheria	15
Influenza	380
Malaria	52
Measles	12
Scarlet fever	8
Smallpox	10
Tuberculosis	23
Typhoid fever	14
Whooping cough	35

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
June, 1925										
Alabama	5	30	56	305	23	138	8	76	270	274
November, 1925										
California	6	547	61	5	53	7	50	567	194	64
Kansas	6	128	21	0	30	1	5	285	28	49
Maine	3	25	3	0	17	0	3	135	0	26
Montana	1	21	1	----	16	----	----	119	39	15
New York	11	970	109	8	3,007	----	50	1,066	1	185
Pennsylvania	5	1,118	----	2	2,126	1	5	1,856	2	206
South Dakota	----	17	----	----	4	----	7	367	9	12
Utah	2	156	6	----	16	----	1	95	22	14
Washington	6	133	----	----	22	----	11	349	220	26
Wyoming	3	6	2	----	2	----	2	61	17	12

Number of Cases of Certain Communicable Diseases Reported for the Month of November, 1925, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	48	219	6	91	105	156	194	134	52
Arizona	40	26	5	76	64	0	64	30	3
Arkansas	50	76	6	7	59	8	[1] 53	117	38
California	846	547	53	755	567	194	672	64	212
Colorado	205	176	13	27	90	1	173	58	80
Connecticut	257	173	261	33	185	0	112	17	235
Delaware	20	34	1	----	15	0	5	5	15
District of Columbia	88	117	13	----	101	0	94	11	36
Florida	13	141	3	17	24	14	126	57	34
Georgia	30	156	5	52	44	19	57	110	34
Idaho [2]	----	----	----	----	----	----	----	----	----
Illinois	1,328	584	682	213	1,280	79	1,332	206	453
Indiana	----	292	----	----	750	----	----	72	----
Iowa	207	189	16	46	211	39	31	----	49
Kansas	466	128	30	37	285	28	195	49	262
Kentucky [3]	----	----	----	----	----	----	----	----	----
Louisiana	14	154	6	----	58	34	[1] 268	164	35
Maine	158	25	17	70	135	0	[1] 27	26	159
Maryland	473	154	530	209	187	0	238	118	176
Massachusetts	805	351	3,321	165	781	0	527	35	718
Michigan	776	474	411	53	875	18	399	84	564
Minnesota	571	353	23	----	859	14	188	25	123
Mississippi	280	250	183	419	77	39	278	309	634
Missouri	306	388	19	55	555	10	157	145	71
Montana	112	21	16	502	119	39	26	15	42
Nebraska [2]	----	----	----	----	----	----	----	----	----
Nevada [4]	----	----	----	----	----	----	----	----	----
New Hampshire [4]	----	----	----	----	----	----	----	----	----
New Jersey	979	383	647	----	606	0	365	41	146
New Mexico [3]	----	----	----	----	----	----	----	----	----
New York	2,232	970	3,007	413	1,066	1	1,376	185	913
North Carolina	275	545	80	----	321	44	----	38	178
North Dakota	55	19	10	173	236	10	5	9	79
Ohio	1,498	833	1,076	106	1,140	137	506	187	591
Oklahoma	65	200	9	15	135	26	57	322	82
Oregon	168	182	21	123	218	88	57	17	70
Pennsylvania	2,988	1,118	2,126	373	1,856	2	409	206	973
Rhode Island	53	51	421	4	43	0	30	10	64
South Carolina [2]	----	----	----	----	----	----	----	----	----
South Dakota	78	17	4	111	367	9	10	12	26
Tennessee [3]	----	----	----	----	----	----	----	----	----
Texas [3]	----	----	----	----	----	----	----	----	----
Utah	674	156	16	17	95	22	[1] 14	14	100
Vermont	237	22	14	97	91	0	10	1	143
Virginia	358	500	267	----	396	17	[1] 139	139	274
Weshington	518	133	22	157	349	220	155	26	141
West Virginia	182	161	90	----	225	2	41	108	56
Wisconsin	1,038	258	392	263	530	37	149	40	501
Wyoming	97	6	2	5	61	17	----	12	5

[1] Pulmonary tuberculosis only.
[2] Reports received weekly.
[3] Report not received at time of going to press.
[4] Reports received annually.

Case Rates per 1,000 Population (Annual Basis) for the Month of November, 1925

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid	Whooping cough
Alabama	0.24	1.08	0.03	0.45	0.52	0.77	0.96	0.66	0.26
Arizona	1.19	.78	.15	2.27	1.91	.00	1.91	.90	.09
Arkansas	.33	.50	.04	.05	.39	.05	.35	.77	.25
California	2.56	1.66	.16	2.28	1.72	.59	2.03	.19	.64
Colorado	2.45	2.10	.16	.32	1.07	.01	2.06	.69	.95
Connecticut	2.04	1.37	2.07	.26	1.47	.00	.89	.14	1.87
Delaware	1.04	1.76	.05	----	.78	.00	.26	.26	.78
District of Columbia	2.15	2.86	.32	----	2.47	.00	2.30	.27	.88
Florida	.15	1.57	.03	.19	.27	.16	1.41	.64	.38
Georgia	.12	.62	.02	.21	.18	.08	.23	.44	.14
Illinois	2.32	1.02	1.19	.37	2.24	.14	2.33	.36	.79
Indiana	----	1.16	----	----	2.98	----	----	.29	----
Iowa	1.01	.87	.08	.22	1.02	.19	.15	----	.24
Kansas	3.13	.86	.20	.25	1.91	.19	1.31	.33	1.76
Louisiana	.09	1.00	.04	----	.38	.22	1.74	1.06	.23
Maine	2.46	.39	.26	1.09	2.10	.00	.42	.40	2.47
Maryland	3.74	1.22	4.19	1.65	1.48	.00	1.88	.93	1.39
Massachusetts	2.37	1.03	9.79	.49	2.30	.00	1.55	.10	2.12
Michigan	2.27	1.39	1.20	.16	2.56	.05	1.17	.25	1.65
Minnesota	2.71	1.68	.11	----	4.08	.07	.89	.12	.58
Mississippi	1.90	1.70	1.24	2.85	.52	.27	1.89	2.10	4.31
Missouri	1.07	1.36	.07	.19	1.95	.04	.55	.51	.25
Montana	2.11	.40	.30	9.44	2.24	.73	.49	.28	.79
New Jersey	3.40	1.33	2.25	----	2.10	.00	1.27	.14	.51
New York	2.45	1.06	3.30	.45	1.17	.00	1.51	.20	1.00
North Carolina	1.21	2.40	.35	----	1.42	.19	----	.17	.78
North Dakota	.97	.34	.18	3.07	4.18	.18	.09	.16	1.40
Ohio	2.88	1.60	2.07	.20	2.19	.26	.97	.36	1.14
Oklahoma	.35	1.09	.05	.08	.73	.14	.31	1.75	.45
Oregon	2.42	2.62	.30	1.77	3.13	1.27	.82	.24	1.01
Pennsylvania	3.90	1.46	2.78	.49	2.42	.00	.53	.27	1.27
Rhode Island	1.01	.97	8.01	.08	.82	.00	.57	.19	1.22
South Dakota	1.42	.31	.07	2.03	6.70	.16	.18	.22	.47
Utah	16.65	3.85	.40	.42	2.35	.54	.35	.35	2.47
Vermont	8.18	.76	.48	3.35	3.14	.00	.35	.03	4.94
Virginia	1.78	2.48	1.33	----	1.97	.08	.69	.69	1.36
Washington	4.26	1.09	.18	1.29	2.87	1.81	1.28	.21	1.16
West Virginia	1.38	1.22	.68	----	1.71	.02	.31	.82	.43
Wisconsin	4.51	1.12	1.70	1.14	2.30	.16	.65	.17	2.18
Wyoming	5.32	.33	.11	.27	3.35	.93	----	.66	.27

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named:

Los Angeles, Calif.

Week ended Dec. 19, 1925:

Number of rats trapped	2,281
Number of rats found to be plague infected	0
Number of squirrels examined	341
Number of squirrels found to be plague infected	0
Number of mice trapped	3,708
Number of mice found to be plague infected	0

Date of discovery of last plague-infected rodent Nov. 6, 1925.
Date of last human case, Jan. 15, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended Dec. 19, 1925:

Number of rats trapped	708
Number of rats found to be plague infected	0

Totals:

Number of rats trapped Jan. 1 to Dec. 19, 1925	78,574
Number of rats found to be plague infected	21
Number of squirrels examined May 1 to Aug. 1, 1925	7,277
Number of squirrels found to be plague infected	0
Number of mice trapped Jan. 1 to Dec. 19, 1925	29,344

Date of discovery of last plague-infected rat, Mar. 4, 1925.
Date of last human case, Sept. 10, 1919.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended December 19, 1925, 36 States reported 1,618 cases of diphtheria. For the week ended December 20, 1924, the same States reported 2,029 cases of this disease. One hundred cities, situated in all parts of the country and having an aggregate population of more than 28,200,000, reported 875 cases of diphtheria for the week ended December 19, 1925. Last year for the corresponding week they reported 1,063 cases. The estimated expectancy for these cities was 1,320 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-three States reported 4,791 cases of measles for the week ended December 19, 1925, and 1,406 cases of this disease for the week ended December 20, 1924. One hundred cities reported 2,933 cases of measles for the week this year, and 773 cases last year.

Poliomyelitis.—The health officers of 37 States reported 23 cases of poliomyelitis for the week ended December 19, 1925. The same States reported 28 cases for the week ended December 20, 1924.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 3,349 cases; last year, 3,308 cases. One hundred cities—this year, 1,301 cases; last year, 1,695 cases; estimated expectancy, 999 cases.

Smallpox.—For the week ended December 19, 1925, 36 States reported 540 cases of smallpox. Last year for the corresponding week they reported 654 cases. One hundred cities reported smallpox for the week as follows: 1925, 96 cases; 1924, 226 cases; estimated expectancy, 58 cases. One death from smallpox was reported by these cities for the week—at Los Angeles, Calif.

Typhoid fever.—Four hundred and thirty-nine cases of typhoid fever were reported for the week ended December 19, 1925, by 35 States. For the corresponding week of 1924, the same States reported 632 cases of this disease. One hundred cities reported 86 cases of typhoid fever for the week this year and 302 cases for the corresponding week last year. The estimated expectancy for these cities was 76 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 93 cities, with a population of about 28,000,000 as follows: 1925, 885 deaths; 1924, 984.

City reports for week ended December 19, 1925

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1915 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	73,129	2	2	1	1	2	1	5	2
New Hampshire:									
Concord	22,408	0	0	0	0	0	0	0	1
Vermont:									
Barre	[1] 10,008	2	0	0	0	0	0	0	0
Massachusetts:									
Boston	770,400	57	64	27	5	2	158	13	27
Fall River	120,912	1	5	3	2	0	131	0	3
Springfield	144,227	8	5	0	1	0	1	0	1
Worcester	191,927	3	5	3	0	0	202	0	6
Rhode Island:									
Pawtucket	68,799	6	3	3	0	0	3	0	5
Providence	242,378	0	15	9	0	0	237	0	8
Connecticut:									
Bridgeport	[1] 143,555	3	10	4	1	1	93	0	2
Hartford	[1] 138,036	0	9	5	1	1	30	0	8
New Haven	172,967	23	3	0	0	0	13	0	3
MIDDLE ATLANTIC									
New York:									
Buffalo	536,718	29	30	8	2	3	2	1	9
New York	5,927,625	224	212	135	10	9	859	22	161
Rochester	317,867	24	7	6	0	1	25	1	5
Syracuse	184,511	5	9	5	0	0	3	24	4
New Jersey:									
Camden	124,157	6	5	0	2	0	11	1	7
Newark	438,699	63	19	16	2	0	35	5	11
Trenton	127,390	8	5	2	0	0	3	0	5
Pennsylvania:									
Philadelphia	1,922,788	139	75	92	------	2	72	11	53
Pittsburgh	613,442	16	29	22	------	1	17	1	35
Reading	110,917	10	5	5	0	0	0	0	3
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	406,312	16	17	18	------	7	1	0	15
Cleveland	888,519	74	45	39	2	7	435	1	26
Columbus	261,082	15	9	4	0	0	1	0	6
Toledo	268,338	17	16	6	0	1	17	0	5
Indiana:									
Fort Wayne	93,573	4	6	1	0	0	0	0	4
Indianapolis	342,718	20	16	12	0	1	18	2	14
South Bend	76,709	1	2	1	0	0	0	0	0
Terre Haute	68,939	3	3	1	0	0	0	0	2
Illinois:									
Chicago	2,886,121	115	182	56	9	4	24	7	58
Springfield	61,833	6	3	3	0	0	1	3	2
Michigan:									
Detroit	1,155,000	88	75	40	9	5	190	1	49
Flint	117,968	5	12	3	1	1	0	0	2
Grand Rapids	145,947	9	6	0	1	0	2	0	3
Wisconsin:									
Madison	42,519	11	1	0	0	0	0	0	0
Milwaukee	484,595	139	26	43	0	0	5	4	6
Racine	64,393	6	2	0	0	0	1	1	2
Superior	[1] 39,671	4	1	0	0	0	1	0	1

[1] Population Jan. 1, 1920.

City reports for week ended December 19, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
WEST NORTH CENTRAL									
Minnesota:									
Duluth	106,289	5	3	2	0	0	0	5	5
Minneapolis	409,125	46	23	13	0	1	0	3	18
St. Paul	241,891	21	19	11	0	0	5	1	9
Iowa:									
Davenport	61,262	4	2	1	0	----	0	0	----
Sioux City	79,662	6	3	0	0	----	1	0	----
Waterloo	39,667	1	2	1	0	----	0	1	----
Missouri:									
Kansas City	351,819	33	14	11	1	1	3	0	7
St. Joseph	78,232	7	4	0	0	0	2	0	3
St. Louis	803,853	26	66	46	0	0	3	0	----
North Dakota:									
Fargo	24,841	0	1	0	0	0	0	16	0
Grand Forks	14,547	2	1	0	0	----	0	0	----
South Dakota:									
Aberdeen	15,829	8	0	0	0	----	0	45	----
Sioux Falls	29,206	5	1	0	0	0	1	0	0
Nebraska:									
Lincoln	58,761	2	2	0	0	0	0	0	1
Omaha	204,382	10	6	2	0	0	0	0	11
Kansas:									
Topeka	52,555	40	2	1	0	0	0	2	2
Wichita	79,261	12	8	0	0	0	3	0	7
SOUTH ATLANTIC									
Delaware:									
Wilmington	117,728	4	3	12	0	0	8	0	2
Maryland:									
Baltimore	773,580	152	41	20	11	2	268	76	30
Cumberland	32,361	1	2	0	0	0	0	0	2
Frederick	11,301	1	1	0	0	0	1	0	0
District of Columbia:									
Washington	[1] 437,571	16	18	37	3	0	7	0	14
Virginia:									
Lynchburg	30,277	17	1	3	0	0	0	0	1
Norfolk	159,089	14	4	1	0	0	0	0	9
Richmond	181,044	13	11	11	0	0	2	1	9
Roanoke	55,502	3	4	1	0	0	0	0	3
West Virginia:									
Charleston	45,597	1	2	1	0	0	0	1	4
Wheeling	[1] 56,208	1	2	0	0	0	1	0	1
North Carolina:									
Raleigh	29,171	0	2	1	0	0	0	0	1
Wilmington	35,719	3	1	0	0	0	1	0	1
Winston-Salem	56,230	2	2	3	0	0	8	0	6
South Carolina:									
Charleston	71,245	0	2	2	0	1	0	0	4
Columbia	39,688	2	1	2	0	0	0	1	0
Greenville	25,789	----	1	----	----	----	----	----	----
Georgia:									
Atlanta	222,963	2	5	3	41	1	0	1	7
Brunswick	15,937	2	0	0	0	0	0	0	0
Savannah	89,448	1	2	1	10	1	1	0	4
Florida:									
St. Petersburg	24,403	0	1	0	0	0	0	0	1
Tampa	56,050	0	2	2	0	0	0	0	6
EAST SOUTH CENTRAL									
Kentucky:									
Covington	57,877	0	3	4	0	0	0	0	0
Louisville	257,671	1	10	3	0	1	2	0	9
Tennessee:									
Memphis	170,067	5	10	2	----	2	0	0	8
Nashville	121,128	1	4	1	----	1	13	0	4
Alabama:									
Birmingham	195,901	8	5	1	5	5	0	0	16
Mobile	63,858	4	1	1	0	1	0	1	4
Montgomery	45,383	8	2	5	2	0	0	19	0

[1] Population Jan. 1, 1920.

City reports for week ended December 19, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	30,635	2	2	1	0	----	0	0	----
Little Rock	70,916	1	2	0	6	0	2	0	1
Louisiana:									
New Orleans	404,575	3	12	17	3	3	0	0	10
Shreveport	54,590	----	0	----	----	----	----	----	----
Oklahoma:									
Oklahoma City	101,150	0	3	0	0	1	0	0	3
Texas:									
Dallas	177,274	8	14	8	1	2	0	0	9
Galveston	46,877	0	1	3	0	0	0	0	1
Houston	154,970	1	4	19	0	1	0	0	8
San Antonio	184,727	1	3	4	0	1	0	0	7
MOUNTAIN									
Montana:									
Billings	16,927	5	1	0	0	0	0	7	0
Great Falls	27,787	13	2	0	0	0	0	108	0
Helena	[1] 12,037	0	0	0	0	0	0	0	0
Missoula	[1] 12,668	7	1	0	0	0	0	0	1
Idaho:									
Boise	22,806	0	1	0	0	0	0	0	0
Colorado:									
Denver	272,031	29	13	11	0	0	3	0	9
Pueblo	43,519	2	4	4	0	0	0	0	0
New Mexico:									
Albuquerque	16,648	4	1	0	0	0	0	2	2
Arizona:									
Phoenix	33,890	0	----	0	0	0	0	0	1
Utah:									
Salt Lake City	126,241	42	2	4	0	0	0	15	3
Nevada:									
Reno	12,429	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	[1] 315,685	47	7	9	0	----	10	46	----
Spokane	104,573	44	5	3	0	----	0	0	----
Tacoma	101,731	2	3	3	0	0	0	0	2
Oregon:									
Portland	273,621	2	7	15	0	0	2	4	12
California:									
Los Angeles	666,853	29	37	31	8	5	14	9	18
Sacramento	69,950	8	2	0	1	0	1	1	5
San Francisco	539,038	34	24	18	5	0	3	2	2

[1] Population Jan. 1, 1920.

City reports for week ended December 19, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	4	0	0	0	0	0	0	0	2	24
New Hampshire:											
Concord	0	0	0	0	0	0	0	0	0	0	11
Vermont:											
Barre	1	0	0	0	0	0	0	0	0	0	0
Massachusetts:											
Boston	40	50	0	0	0	16	2	2	1	70	231
Fall River	3	2	0	0	0	1	1	1	1	12	26
Springfield	8	3	0	0	0	0	0	0	0	2	30
Worcester	11	5	0	0	0	1	0	0	0	11	42
Rhode Island:											
Pawtucket	1	1	0	0	0	0	0	0	0	4	24
Providence	8	3	0	0	0	5	1	0	0	0	72
Connecticut:											
Bridgeport	6	7	0	0	0	3	0	0	0	1	33
Hartford	7	3	0	0	0	2	0	1	0	1	34
New Haven	8	2	0	0	0	3	1	0	0	2	38
MIDDLE ATLANTIC											
New York:											
Buffalo	22	13	0	0	0	7	1	4	1	18	139
New York	155	169	0	1	0	[1]103	13	22	7	48	1,390
Rochester	12	18	0	0	0	2	1	0	0	7	80
Syracuse	12	2	0	0	0	2	0	0	0	40	46
New Jersey:											
Camden	3	13	0	0	0	1	1	0	0	0	30
Newark	16	17	0	0	0	6	2	2	0	11	115
Trenton	3	2	0	0	0	4	0	0	0	0	45
Pennsylvania:											
Philadelphia	58	76	1	0	0	43	4	5	0	34	553
Pittsburgh	30	58	0	0	0	8	1	0	0	9	162
Reading	1	7	0	0	0	0	0	0	0	4	43
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	13	11	0	1	0	13	1	0	1	19	147
Cleveland	31	32	1	0	0	8	2	1	0	50	184
Columbus	10	18	1	7	0	3	1	3	0	5	65
Toledo	14	27	0	0	0	3	1	3	1	5	55
Indiana:											
Fort Wayne	2	2	1	0	0	0	1	0	0	0	17
Indianapolis	10	13	4	27	0	3	0	1	0	18	115
South Bend	4	6	0	2	0	0	0	0	0	2	12
Terre Haute	2	5	1	0	0	3	0	1	0	0	20
Illinois:											
Chicago	116	152	1	0	0	50	6	7	2	44	702
Springfield	2	0	0	0	0	1	0	0	0	0	22
Michigan:											
Detroit	77	121	2	0	0	19	3	4	0	39	274
Flint	9	3	1	0	0	0	0	0	0	26	19
Grand Rapids	8	20	0	0	0	0	1	0	0	26	28
Wisconsin:											
Madison	2	6	0	0	0	0	0	1	0	3	----
Milwaukee	28	15	1	0	0	7	0	0	0	30	90
Racine	4	4	0	0	0	0	0	1	0	7	11
Superior	2	3	1	0	0	0	0	0	0	0	9
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	11	0	0	0	2	0	0	0	0	24
Minneapolis	38	58	5	0	0	5	1	2	0	0	116
St. Paul	18	53	4	2	0	5	1	5	0	6	61
Iowa:											
Davenport	1	4	0	0	----	----	0	0	----	0	----
Sioux City	2	0	1	9	----	----	0	0	----	0	----
Waterloo	3	0	0	0	----	----	0	0	----	1	----

[1] Pulmonary tuberculosis only.

City reports for week ended December 19, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL—continued											
Missouri:											
Kansas City	11	13	0	0	0	7	1	0	0	8	98
St. Joseph	2	1	0	0	0	1	0	0	0	0	32
St. Louis	32	63	0	0	0	9	2	0	1	0	229
North Dakota:											
Fargo	2	6	1	0	0	2	0	0	0	9	7
Grand Forks	1	0	0	0	----	----	0	0	----	0	----
South Dakota:											
Aberdeen	1	0	1	2	----	----	0	0	----	0	----
Sioux Falls	2	5	0	0	0	0	0	0	0	0	----
Nebraska:											
Lincoln	2	2	0	0	0	2	0	0	0	8	17
Omaha	6	11	2	7	0	0	1	0	0	1	64
Kansas:											
Topeka	1	2	1	0	0	1	0	0	0	5	13
Wichita	3	4	1	0	0	0	0	0	0	2	29
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	4	0	0	0	1	1	1	0	1	31
Maryland:											
Baltimore	23	21	0	0	0	11	4	1	0	27	204
Cumberland	1	0	0	0	0	0	0	0	0	0	15
Frederick	1	1	0	0	0	0	0	0	0	0	2
District of Columbia:											
Washington	20	23	1	0	0	3	4	2	0	12	124
Virginia:											
Lynchburg	0	2	0	0	0	0	0	0	0	0	7
Norfolk	2	1	0	0	0	4	0	0	0	0	----
Richmond	6	9	0	0	0	6	0	0	0	1	61
Roanoke	1	0	0	0	0	1	0	0	0	3	15
West Virginia:											
Charleston	1	2	0	0	0	0	0	0	0	2	11
Wheeling	2	4	0	0	0	2	1	1	0	0	23
North Carolina:											
Raleigh	1	2	0	0	0	1	0	0	0	0	10
Wilmington	1	0	0	5	0	0	0	0	0	0	13
Winston-Salem	1	3	0	1	0	2	0	0	0	2	16
South Carolina:											
Charleston	1	4	0	0	0	3	0	1	0	0	32
Columbia	0	0	0	0	0	0	0	0	0	0	----
Greenville	1	----	0	----	----	----	0	----	----	----	----
Georgia:											
Atlanta	4	2	2	0	0	10	1	1	2	1	78
Brunswick	0	0	0	0	0	0	0	0	0	0	3
Savannah	0	0	0	0	0	3	1	1	0	0	35
Florida:											
St. Petersburg	0	0	0	0	0	1	0	0	0	0	17
Tampa	0	2	0	0	0	1	1	0	0	1	32
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	2	0	0	0	3	0	0	0	0	23
Louisville	4	6	1	0	0	2	1	2	0	2	79
Tennessee:											
Memphis	3	6	0	1	0	5	1	0	0	0	71
Nashville	3	5	1	0	0	1	1	1	0	0	39
Alabama:											
Birmingham	4	2	0	1	0	7	1	1	1	3	79
Mobile	1	0	1	0	0	3	0	1	0	0	26
Montgomery	0	1	0	0	0	0	0	0	0	0	11

City reports for week ended December 19, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	1	0	0	----	----	0	1	----	0	----
Little Rock	2	0	0	0	0	1	0	1	0	0	----
Louisiana:											
New Orleans	5	9	1	2	0	22	3	2	1	0	155
Shreveport	0	----	1	----	----	----	1	----	----	----	----
Oklahoma:											
Oklahoma City	2	3	1	1	0	1	0	1	0	0	26
Texas:											
Dallas	3	7	1	0	0	4	1	0	0	21	61
Galveston	0	0	0	0	0	2	1	2	0	0	13
Houston	2	1	1	2	0	2	0	0	0	0	66
San Antonio	1	1	0	1	0	3	1	0	0	0	56
MOUNTAIN											
Montana:											
Billings	1	1	1	1	0	0	0	0	0	0	3
Great Falls	1	6	1	0	0	0	0	0	0	7	3
Helena	0	0	0	0	0	0	0	0	0	0	6
Missoula	0	1	0	0	0	0	0	0	0	0	1
Idaho:											
Boise	1	1	0	1	0	0	0	0	0	1	3
Colorado:											
Denver	10	14	6	2	0	8	0	1	0	18	79
Pueblo	3	0	0	0	0	1	0	0	0	2	14
New Mexico:											
Albuquerque	1	3	0	0	0	1	0	1	0	0	7
Arizona:											
Phoenix	----	4	----	0	0	9	----	0	0	0	13
Utah:											
Salt Lake City	4	7	3	0	0	0	1	0	0	9	29
Nevada:											
Reno	0	0	0	0	0	1	0	0	0	0	6
PACIFIC											
Washington:											
Seattle	7	19	1	2	----	----	1	3	----	5	----
Spokane	5	20	5	1	----	----	0	0	----	2	----
Tacoma	2	2	1	19	0	0	0	0	0	5	20
Oregon:											
Portland	7	27	6	1	0	3	1	0	0	0	----
California:											
Los Angeles	20	32	1	8	1	13	3	3	0	4	227
Sacramento	2	3	0	10	0	5	0	0	0	0	29
San Francisco	11	12	1	1	0	10	2	0	0	4	131

City reports for week ended December 19, 1925—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	0	0	1	0	0	0	1	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0	0	0	0	0	1
New York	1	1	5	1	0	0	2	0	0
Rochester	0	1	0	0	0	0	0	1	0
Pennsylvania:									
Philadelphia	0	0	1	0	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	0	0	0	0	0	0	0	0	2
Columbus	1	0	0	0	0	0	0	0	0
Illinois:									
Chicago	2	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	0	0	1	0	0	0	0	0	0
Georgia:									
Savannah	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Alabama:									
Birmingham	0	0	0	0	1	0	0	0	0
Mobile	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	0	0	1	1	0	0	0
Texas:									
Houston	0	0	0	0	0	1	0	0	0
San Antonio	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver	0	0	0	1	0	0	0	0	0
Utah:									
Salt Lake City	0	1	0	0	0	0	0	0	
PACIFIC									
Washington:									
Seattle	1	0	0	0	0	0	0	0	0
Spokane	4	0	0	0	0	0	0	0	0
Oregon:									
Portland	1	0	0	0	0	0	1	0	0
California:									
Los Angeles	0	0	0	1	1	0	0	0	0
San Francisco	0	0	0	0	0	0	0	0	1

The following table gives the rates per 100,000 population for 103 cities for the 10-week period ended December 19, 1925. The population figures used in computing the rates were estimated as of July 1, 1923, as this is the latest date for which estimates are available. The 103 cities reporting cases had an estimated aggregate population of nearly 29,000,000, and the 96 cities reporting deaths had more than 28,000,000 population. The number of cities included in

each group and the aggregate populations are shown in a separate table below:

Summary of weekly reports from cities, October 11 to December 19, 1925—Annual rates per 100,000 population [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Oct. 17	Oct. 24	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19
103 cities	154	[2] 168	[3] 182	166	174	181	159	171	164	[4] 163
New England	124	[5] 97	137	97	127	144	104	124	107	137
Middle Atlantic	129	129	149	126	141	143	150	137	139	147
East North Central	174	189	195	187	194	189	162	172	166	161
West North Central	236	259	282	267	240	226	178	280	243	180
South Atlantic	224	[6] 268	228	211	252	289	221	221	205	[7] 207
East South Central	97	109	97	137	69	132	120	126	132	97
West South Central	93	102	264	199	213	176	181	278	185	[8] 253
Mountain	162	372	[3] 176	286	248	315	134	239	172	181
Pacific	110	142	157	148	145	186	165	128	200	186

MEASLES CASE RATES

103 cities	70	[2] 93	[3] 105	154	174	229	212	353	441	[4] 532
New England	447	[5] 599	604	852	937	1,130	827	1,583	2,025	2,159
Middle Atlantic	65	87	110	159	171	256	239	339	453	520
East North Central	25	47	57	74	88	103	124	255	307	503
West North Central	10	10	12	15	10	15	31	19	25	37
South Atlantic	55	[6] 40	59	154	232	289	353	552	576	[7] 615
East South Central	6	40	17	17	17	51	34	40	23	86
West South Central	0	14	5	9	9	9	5	5	5	[8] 10
Mountain	10	29	[3] 20	38	47	29	10	10	38	29
Pacific	29	12	15	17	20	32	26	58	55	81

SCARLET FEVER CASE RATES

103 cities	126	[2] 132	[3] 160	170	191	175	205	220	231	[4] 241
New England	132	[5] 130	201	271	246	209	214	224	194	199
Middle Atlantic	75	96	106	111	142	144	149	166	173	190
East North Central	151	142	194	167	189	196	220	273	302	300
West North Central	276	296	305	384	400	421	454	433	493	471
South Atlantic	137	[6] 134	193	185	172	123	144	127	162	[7] 166
East South Central	154	132	80	109	183	137	183	177	120	126
West South Central	56	42	42	102	121	93	139	111	148	[8] 93
Mountain	48	115	[3] 195	172	181	162	172	248	162	286
Pacific	142	133	148	162	206	197	249	226	194	258

SMALLPOX CASE RATES

103 cities	8	[2] 7	[3] 10	10	8	17	16	13	21	[4] 21
New England	0	[5] 7	0	0	0	0	0	0	0	0
Middle Atlantic	0	0	0	0	0	0	0	0	0	1
East North Central	8	4	17	12	13	32	32	14	34	27
West North Central	0	4	27	12	4	17	10	19	19	37
South Atlantic	6	[6] 0	6	12	6	21	2	4	8	[7] 12
East South Central	46	6	6	29	34	11	11	11	6	11
West South Central	0	0	0	0	0	0	9	14	9	[8] 24
Mountain	29	10	[3] 10	19	19	19	10	0	105	38
Pacific	58	78	46	49	44	78	99	110	131	119

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1923.
[2] Barre, Vt., and Winston-Salem, N. C., not included.
[3] Helena, Mont., not included.
[4] Greenville, S. C., and Shreveport, La., not included.
[5] Barre, Vt., not included.
[6] Winston-Salem, N. C., not included.
[7] Greenville, S. C., not included.
[8] Shreveport, La., not included.

Summary of weekly reports from cities, October 11 to December 19, 1925—Annual rates per 100,000 population—Continued

TYPHOID FEVER CASE RATES

	Weeks ended—									
	Oct. 17	Oct. 24	Oct 31	Nov 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19
103 cities	36	[3] 33	[5] 26	28	12	17	14	20	20	[4] 16
New England	25	[5] 15	17	22	2	32	17	22	22	10
Middle Atlantic	28	25	21	12	8	20	14	26	25	17
East North Central	32	9	16	19	9	3	4	8	12	14
West North Central	21	33	19	31	17	15	8	10	12	15
South Atlantic	70	[6] 78	27	64	10	31	29	21	25	[7] 17
East South Central	132	160	109	183	46	34	23	57	29	29
West South Central	46	83	83	51	60	32	32	42	32	[6] 29
Mountain	48	67	[3] 88	38	10	19	19	0	19	
Pacific	20	32	20	9	3	6	15	15	15	10 17

INFLUENZA DEATH RATES

96 cities	6	[3] 8	[5] 11	13	12	8	9	12	13	[4] 14
New England	0	[5] 2	12	5	7	2	12	10	10	15
Middle Atlantic	5	8	10	14	14	6	8	10	12	8
East North Central	8	9	7	12	10	6	5	7	12	18
West North Central	7	7	11	7	13	2	2	7	7	4
South Atlantic	2	[6] 2	6	18	2	14	10	18	8	[7] 10
East South Central	17	6	29	40	29	46	29	46	51	57
West South Central	10	20	41	15	31	10	36	41	46	[8] 38
Mountain	0	38	[9] 10	10	0	19	10	19	19	0
Pacific	11	4	[10] 4	15	4	19	4	4	4	19

PNEUMONIA DEATH RATES

96 cities	94	[3] 96	[5] 122	141	138	151	130	149	134	[4] 154
New England	97	[5] 87	112	139	137	144	161	186	137	164
Middle Atlantic	94	104	137	153	144	160	145	161	132	148
East North Central	94	83	119	125	137	146	100	149	121	139
West North Central	61	63	99	88	83	103	83	55	85	136
South Atlantic	129	[6] 124	134	207	162	156	144	170	185	[7] 215
East South Central	103	132	114	166	177	240	194	143	200	234
West South Central	56	117	138	163	122	163	158	163	219	[8] 194
Mountain	124	115	[3] 78	105	181	229	162	162	181	124
Pacific	83	79	[10] 53	95	114	91	102	102	79	102

[3] Barre, Vt., and Winston-Salem, N. C., not included.
[4] Helena, Mont., not included
[5] Greenville, S. C., and Shreveport, La., not included.
[6] Barre, Vt., not included.
[7] Winston-Salem, N. C., not included.
[8] Greenville, S. C., not included.
[9] Shreveport, La., not included.
[10] Helena, Mont., and Tacoma, Wash., not included.
[11] Tacoma, Wash., not included.

Number of cities included in summary of weekly reports and aggregate population of cities in each group, estimated as of July 1, 1923

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases	Aggregate population of cities reporting deaths
Total	103	96	28, 977, 311	28, 321, 626
New England	12	12	2, 098, 746	2, 098, 746
Middle Atlantic	10	10	10, 304, 114	10, 304, 114
East North Central	16	16	7, 135, 899	7, 135, 899
West North Central	14	11	2, 515, 330	2, 381, 454
South Atlantic	21	21	2, 542, 498	2, 542, 498
East South Central	7	7	911, 885	911, 885
West South Central	8	6	1, 124, 564	1, 023, 013
Mountain	9	9	546, 445	546, 445
Pacific	6	4	1, 797, 830	1, 377, 572

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended December 5, 1925.—The following report for the week ended December 5, 1925, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva:

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	------	0	------	22	9	3
Bombay	------	0	------	0	0	1
Madras	------	0	------	15	3	1
Rangoon	------	2	------	1	25	0
Karachi	------	0	------	0	4	2
Negapatam	------	0	------	0	0	0
Colombo	0	0	0	0	0	0
Basra	0	0	0	0	4	4
Singapore	1	1	0	0	0	0
Port Swettenham	0	0	0	0	0	0
Penang	0	0	0	0	0	0
Batavia	0	0	0	0	0	0
Soerabaya	0	0	0	0	0	0
Samarang	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0
Padang (Sumatra)	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0
Macassar	2	1	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	1	1
Manila	0	0	3	2	0	0
Bangkok	0	0	68	34	0	0
Saigon and Cholon	0	0	0	0	0	0
Hongkong	0	0	0	0	0	0
Shanghai	0	0	0	0	------	5
Amoy	0	0	0	0	1	0
Nagasaki	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0
Simonoseki	0	0	0	0	0	0
Moji	0	0	0	0	0	0
Kobe	0	0	0	0	0	0
Osaka	0	0	0	0	0	0
Keelung (Taiwan)	0	0	0	0	0	0
Fusan	0	0	0	0	0	0
Dairen	0	0	0	0	1	1
Adelaide	0	0	0	0	0	0
Brisbane	0	0	0	0	0	0
Fremantle	0	0	0	0	0	0
Melbourne	0	0	0	0	0	0
Sydney	0	0	0	0	0	0
Rockhampton	0	0	0	0	0	0
Townsville	0	0	0	0	0	0
Port Darwin	0	0	0	0	0	0
Broome	0	0	0	0	0	0
Port Moresby	0	0	0	0	0	0
Honolulu	0	0	0	0	0	0
Suez	0	0	0	0	0	0
Alexandria	0	0	0	0	0	0
Port Said	0	0	0	0	0	0
Mombasa (Kenya)	0	0	0	0	0	0
Zanzibar	0	0	0	0	0	0
Massowah	0	0	0	0	0	0
Djibuti	0	0	0	0	0	0
Lourenco Marques	0	0	0	0	0	0
Durban	0	0	0	0	0	0
East London	0	0	0	0	0	0
Port Elizabeth	0	0	0	0	0	0
Cape Town	0	0	0	0		0
Tamatave	2	2	0	0	0	0
Mauritius	3	2	0	0	0	0
Seychelles	0	0	0	0	0	0

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended January 8, 1926[1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Oct. 26–31, 1925: Cases, 1,573; deaths, 926.
Calcutta	Nov. 8–14	17	14	
Madras	Nov. 15–21	2	2	
Rangoon	Nov. 8–14	2	2	

PLAGUE

Brazil:				
Bahia	Nov. 8–14	2		
Santos	Dec. 8–21		2	
Ecuador:				
Guayaquil	Nov. 1–30	10	6	Rats taken, November, 1925: 24,618; rats found infected, 143.
Egypt				Jan. 1–Nov. 18, 1925: cases, 137.
Beni Suef	Nov. 18, 1925	1	1	Corresponding period, 1924: Cases, 360.
Greece:				
Athens	Nov. 1–30	18	4	Including Piraeus.
Patras	Nov. 13	1		
India				Oct. 25–31, 1925: Cases, 1,061; deaths, 719.
Rangoon	Nov. 8–14	5	2	
Madagascar:				
Province—				
Tananarive	Sept. 16–28	37	36	
Town—				
Tananarive	do	2	2	
Syria:				
Beirut	Nov. 11–20	1		

SMALLPOX

Brazil:				
Rio de Janeiro	Nov. 1–14	71	40	
Canada:				
Manitoba—				
Winnipeg	Dec. 13–19	2		
New Brunswick—				
Northumberland	Dec. 6–13	1		
China:				
Foochow	Nov. 1–14			Present.
Hankow	Nov. 14–21	3		
Tientsin	Nov. 1–7	1		
Great Britain:				
England—				
Hull	Nov. 29–Dec. 5	2		
Newcastle-on-Tyne	do	4		
Sheffield	Nov. 22–28	5		
Greece:				
Athens	Nov. 1–30	17	1	
India				Oct. 25–31, 1925: Cases, 1,165; deaths, 267.
Calcutta	Nov. 8–14	1		
Karachi	Nov. 15–21	6		
Madras	do	1	1	
Italy:				
Rome	Oct. 12–25	1		
Mexico:				
Aguascalientes	Dec. 13–19	4		
Mexico City	Nov. 28–Dec. 5	1		
Torreon	Nov. 1–30		15	
Portugal:				
Lisbon	Oct. 4–31	124		
Do	Nov. 14–28	70		
Oporto	Nov. 22–Dec. 5	1	2	

[1] From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received During Week Ended January 8, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Spain:				
Malaga	Nov. 29–Dec. 5		2	
Switzerland:				
Lucerne	Oct. 1–31	6		

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Egypt:				
Port Said	Nov. 19–25	1		
Greece:				
Athens	Nov. 1–30	11	2	
Latvia:				
Riga	October, 1925	2		
Mexico:				
Aguascalientes	Dec. 14–19	1		
Mexico City	Nov. 29–Dec. 5	15		
Torreon	November, 1925		1	
Poland:				
Warsaw	Oct. 11–17	17	3	

Reports Received from December 26, 1925, to January 1, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Oct. 18–24, 1925: Cases, 1,454; deaths, 859.
Calcutta	Nov. 1–7	19	11	
Japan	Aug. 30–Sept. 19	121		
Russia	May–June	7		
Siam:				
Bangkok	Oct. 4–31	60	30	Infection stated to have been imported on vessel.
Do	Nov. 1–7	25	31	
On vessel:				
Steamship ——	Oct. 3	9		Arrived at Bangkok, Siam; 9 cases in coolie passengers.

PLAGUE

Place	Date	Cases	Deaths	Remarks
India				Oct. 18–24, 1925: Cases, 1,523; deaths, 977.
Karachi	Nov. 1–14	3	2	
Rangoon	Oct. 25–Nov. 7	4	1	
Java:				
Batavia	Oct. 24–Nov. 6	94	89	Province.
Cheribon	Sept. 27–Oct. 17		166	
Pekalongan	....do....		42	
Soerabaya	Oct. 11–24	13	13	
Tegal	Sept. 27–Oct. 17	6	6	
Mauritius Island	Sept. 20–Oct. 17	5	5	
Russia	May–June	67		
Senegal	September, 1925	22	12	
Siam	Aug. 23–Sept. 5	23	20	

[1] From medical officers of the Public Health Service, American consuls, and other sources. For reports received from June 27 to Dec. 25, 1925, see Public Health Reports for Dec. 25, 1925. The tables of quarantinable diseases are terminated semiannually and new tables begun.

CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER—Continued

Reports Received from December 26, 1925, to January 1, 1926—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Argentina:				
Rosario	October, 1925		1	
Canada:				
Ottawa	Dec. 6–12	2		
China:				
Manchuria—				
Dairen	Oct. 19–25	3	1	
Shanghai	Oct. 25–Nov. 14	4	3	
France				September, 1925: Cases, 25.
Greece				Oct. 1–31, 1925: Cases, 16.
India				Oct. 18–24, 1925: Cases, 1,138; deaths, 263.
Bombay	Nov. 8–14	5	3	
Karachi	Nov. 1–14	17		
Rangoon	Oct. 25–31	1		
Iraq				Sept 6–19, 1925: Cases, 41; deaths, 24.
Bagdad	Nov. 1–14	4	4	
Italy				Aug. 2–Sept. 30, 1925: Cases, 26.
Java:				
Batavia	Oct. 24–30	1		
Kraksaan	Oct. 11–17	11		
Malang	do	2		
North Bantam	Oct. 4–17	4		
Probolingo	Oct. 11–17	1		
South Bantam	do	1		
Soerabaya	Oct. 11–24	158	18	
Tegal	Oct. 4–10	9	1	
Mexico				July–August, 1925: Deaths, 905.
Peru:				
Arequipa	Oct. 1–31		1	
Russia				May–June, 1925: Cases, 1,336.
Siam				July 12–Sept. 5, 1925: Cases, 21; deaths, 6.
Switzerland				June 28–Oct. 24, 1925: Cases, 36.
Tunisia:				
Tunis	Nov. 21–30	2		

TYPHUS FEVER

Algeria:				
Algiers	October, 1925	2		
Argentina:				
Rosario	Oct. 1–31	1		
Finland				October, 1925: One case.
Latvia	October, 1925	2		
Lithuania				September, 1925: Cases, 8; deaths, 1.
Mexico				July–August, 1925; Deaths, 65.
Guadalajara	Dec. 8–14		1	
Mexico City	Nov. 22–28	12		
Palestine:				
Nazareth	Nov. 3–9	1		
Peru:				
Arequipa	October, 1925		2	
Rumania				July, 1925: Cases, 74; deaths, 9.
Russia				May–June, 1925: Cases, 7,609.
Union of South Africa:				
Orange Free State	Nov. 1–7			Outbreaks.